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Response Under 37 C.F.R. 1.116
Expedited Procedure
Examining Group No.: 3682

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/002,594 Confirmation No. 1648
Applicant : Mark A. Torrance et al.
Filed : November 20, 2001
TC/A.U. : 3682
Examiner : Vinh Luong

Docket No. : EH-10566(01-654)
Customer No. : 34704

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the office action mailed September 8, 2004, setting a three (3) month period for response which expires on December 8, 2004, amend the above-captioned patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Amendments to the Drawings begin on page 6 of this paper.

Remarks/Arguments begin on page 7 of this paper.

An Appendix including replacement drawing sheets is attached following page 12 of this paper.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

100 02594

CLAIMS AS FILED - PART I

TOTAL CLAIMS	(Column 1)	(Column 2)
	15	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	15 minus 20 =	* 8
INDEPENDENT CLAIMS	2 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)
	CLAIMS	REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	* 15	Minus	** 15	= 1	
Independent	* 2	Minus	*** 2	= 1	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)
	CLAIMS	REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	* 10	Minus	** 20	=	
Independent	* 4	Minus	*** 3	= 1	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)
	CLAIMS	REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	*	Minus	**	=	
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	740-

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE ADDITIONAL FEE		RATE ADDITIONAL FEE	
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE ADDITIONAL FEE		RATE ADDITIONAL FEE	
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	